



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
500 JAMES ROBERTSON PKWY., 3RD FLOOR
NASHVILLE, TENNESSEE 37243
TELEPHONE: 615-741-1322 FAX: 615-741-1583

OFFICE USE ONLY
Course Number:

CONTINUING EDUCATION CLASS REQUEST

THIS FORM MUST BE SUBMITTED AT LEAST TEN (10) BUSINESS DAYS PRIOR TO THE FIRST OFFERING OF THE COURSE. FAILURE TO DO SO MAY RESULT IN DENIAL OF THE COURSE.

1. Attach an outline of the course. Include the time frames for each segment.
2. Attach a biography of the instructor(s).
3. Attach a statement of the methods and tools to be utilized.
4. For continuing education courses with multiple sessions (where credit varies according to seminars attended), submit a separate form for each seminar. Each seminar will receive a separate course number.

Number of Contact Hours Requested:	Blasting Courses: Enter the number of hours below.	Fireworks courses: Itemize the number of hours to apply to each certification.	
		Outdoor:	Proximate Pyrotechnic: Flame Effect:
Course Title:			
Date(s) of Course(s):			
Location of Course(s):			
	STREET		
	CITY	STATE	ZIP
Instructor(s) Name:			
Person Requesting Approval:			
Address:			
	STREET		
	CITY	STATE	ZIP
Phone #:	Fax #:	Email Address:	

NOTE: 1) If approved, a copy of the approved form with the course number will be mailed to the requestor. The course number must be used on all future correspondence.

2) Notify the SFMO at least ten (10) business days prior to the approved class being held at other dates and locations.

OFFICE USE ONLY	
APPROVED BY:	DATE:



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CONTINUING EDUCATION HOURS CLAIMS RECORD

COMPLETE THIS FORM AND SUBMIT IT TO THE PERMITS AND LICENSES UNIT WITHIN THIRTY (30) DAYS OF COMPLETION OF THE COURSE. ALL INFORMATION MUST BE COMPLETE AND SIGNED BY THE INSTRUCTOR. MAIL TO THE ADDRESS ABOVE.

Name of Licensee: _____ Social Security # _____

Street Address: _____

City/St/Zip: _____

Day Time Phone #: _____ Fax #: _____ E-Mail Address: _____

Type of License to Apply Credit: _____ License #: _____

Type and Title of Event Attended

Seminar/Conference: _____

Other: _____

Date of Event: _____

Location of Event: _____

Has this event been pre-approved for continuing education hours by the state fire marshal's office?

Yes: _____ No: _____

If this course has not been approved in advance by the state fire marshal's office, submit an agenda, outline of the course, a biography of the instructor and any additional information requested by the commissioner or his or her authorized representative as necessary for review of the course.

Course Number	Title	Hours in Class* (less lunch and breaks)	Instructor's Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* For fireworks courses approved with hours in more than one certification, identify the hours spent on each certification. Example:
Outdoor 2.5 hours, Proximate 3.0, Flame 2.0.

I hereby certify that I attended the event and/or course of instruction indicated above.

Signature: _____ Date: _____